



STATE OF ARKANSAS

Department of Pollution Control and Ecology

P. O. Box 8913 Little Rock, Arkansas 72219-8913

Telephone 501-562-7444

Returned 01/12/95

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Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Douglas Aircraft Company, C1-Q6C (11-11) Attn: Robert Tuell 3855 Lakewood Blvd. Long Beach CA 90846		C A D 0 0 0 0 8 3 1 2 1		A. State Manifest Document Number AR- 635378		
4. Generator's Phone (310 496-6287 or (310) 593-3101		6. US EPA ID Number		B. State Generator's ID H Y H Q 3 6 0 0 6 8 1 4		
5. Transporter 1 Company Name Laidlaw Environmental Services of CA, Inc.		8. US EPA ID Number C A D 0 0 0 0 8 3 1 2 1		C. State Transporter's ID PC - - - - H - - -		
7. Transporter 2 Company Name DART TRUCKING COMP. INC.		8. US EPA ID Number OH D 0 0 9 1 8 6 5 1 8 2 5		D. Transporter's Phone (310) 518-4700		
9. Designated Facility Name and Site Address ENSCO, Inc. American Oil Road El Dorado AR 71730		10. US EPA ID Number AR D 0 6 9 7 4 8 1 9 2		E. State Transporter's ID PC 902H 285		
				F. Transporter's Phone 800-327-8866		
				G. State Facility's ID		
				H. Facility's Phone 501-863-7173		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	
a. Waste Mercury, 8, UN2809, PG III (D009)		No. Type				
		001 DM	0.0004	P	181 D009	
b. Hazardous waste, solid, n.o.s., 9, NA 3077, PG III (D008, D006)		001 DF	0.0043	P	181 D008	
c. Waste cyanide solutions, 6.1, UN1935, PG II, Poison		001 DF	0.0015	P	141 P030	
d.						
J. Additional Descriptions for Materials Listed Above 11a. 282805. DAC-07. Mercury lab pack. Additional code U151. 11b. 282508. DAC-05. Lab pack. Add codes: D006, U080, 352 11c. 282508. DAC-03. Lab pack.		K. Handling Codes for Wastes Listed Above EMERGENCY RESPONSE INFORMATION: 24 hour emergency response telephone# (800) 424- 9300 (Chemtrec). (310) 593-3101 (Rob Tuell). DOT ERG# 11a)60 b)31 c)55				
if no alternate TSDF, return to generator wt Mercol 62#						
15. Special Handling Instructions and Additional Information Site address: 19503 South Normandie Avenue, Torrance, CA 90502. Load # 87762						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and Arkansas state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name Robert G. Tuell, Jr.		Signature Robert G. Tuell, Jr.		Month Day Year 12.05.94		
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name LEE HARRIS		Signature [Signature]		Month Day Year 12.05.94		
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name MIGUEL MEDINA		Signature Miguel Medina		Month Day Year 12.05.94		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name La Tuana Scott						
Signature La Tuana Scott		Month Day Year 12.14.94				

EPA Form 8700-22 (Rev. 9-88) Previous edition is obsolete.

NOTICE: THE ORIGINAL AND NOT LESS THAN TWO (2) COPIES MUST MOVE WITH THE HAZARDOUS WASTE SHIPMENT. ONCE DELIVERED, THE TREATMENT/STORAGE/DISPOSAL FACILITY MUST RETURN THIS ORIGINAL COPY TO THE GENERATOR.

BOE-C6-0207782



STATE OF ARKANSAS
Department of Pollution Control and Ecology
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Telephone 501-562-7444

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Form Approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA D 00000083121	Manifest Document No. 35370	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address Douglas Aircraft Company, C1-GSC (11-11) Attn: Robert Tuell 3855 Lakewood Blvd. Long Beach CA 90846				A. State Manifest Document Number AR- 635378	
4. Generator's Phone (310) 406-6207 or (310) 593-3101				B. State Generator's ID HYHQ36006814	
5. Transporter 1 Company Name Airflow Environmental Services of CA Inc		6. US EPA ID Number CA D 00000083121		C. State Transporter's ID PC --- H ---	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (310) 518-4700	
9. Designated Facility Name and Site Address ENSCO, Inc. American Oil Road El Dorado AR 71730		10. US EPA ID Number AR D 0069748102		E. State Transporter's ID PC --- H ---	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone 501-863-7173	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Waste Mercury, 8, UN2800, PG III (D009)		001	DM	0.0004	P
b. Hazardous waste, solid, n.o.s., 9, NA 3077, PG III (D008, D006)		001	DF	0.0043	P
c. Waste cyanide solutions, 6.1, UN1935, PG II, Poison		001	DF	0.0015	P
d.					
J. Additional Descriptions for Materials Listed Above 11a. 282800, DAC-07, Mercury lab pack, Additional code U151. 11b. 282500, DAC-05, Lab pack, Add codes: D006, U000, 352 11c. 282500, DAC-03, Lab pack.		K. Handling Codes for Wastes Listed Above EMERGENCY RESPONSE INFORMATION: 24 hour emergency response telephone: (303) 424-9500 (Chemtrec) (310) 593-3101 (Rob Tuell) 10411 HCR 116000 07/05/94			
If no alternate TSDF, return to generator					
15. Special Handling Instructions and Additional Information Site address: 19503 South Normandie Avenue, Torrance, CA 90502.					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and Arkansas state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name Robert G. Tuell, Jr.		Signature Robert G. Tuell, Jr.		Month Day Year 11/20/94	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature Lee Harris		Month Day Year 11/20/94	
Printed/Typed Name LEE HARRIS		Signature		Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Month Day Year	

EPA Form 8700-22 (Rev. 9-88) Previous edition is obsolete.

GENERATOR INITIAL COPY

BOE-C6-0207783

GENERAL INFORMATION

The Hazardous Waste manifest is designed to track waste from the point of generation to final disposal (cradle to grave). In order to accomplish this goal, it is essential that all items on the manifest be completed correctly. Incomplete or incorrect manifests are violations of the law, and could make you subject to civil or criminal liabilities as specified in the Federal Regulations and the Arkansas Hazardous Waste Management Code.

INSTRUCTIONS—IMPORTANT: READ ALL INSTRUCTIONS BEFORE COMPLETING

State and Federal regulations require Generators, Transporters, and Treatment, Storage & Disposal Facilities (TSDFs) to use this form and if necessary the continuation sheet for both inter and intrastate shipments. (Continuation sheets are not provided by the state of Arkansas.)

The Arkansas Manifest contains 6 copies. **ALL COPIES MUST BE LEGIBLE.** This form is designed for use on a 12 pitch (elite) typewriter; a firm ball point pen may also be used only if you press down **HARD**. The 6 copies must be distributed in the following way:

- ORIGINAL: **GENERATOR COPY**—The TSDF will mail back to the generator state where the waste was generated. (WHITE COPY)
COPY 2: **STATE COPY**—The in-state TSDF mails to Arkansas Department of Pollution Control. (YELLOW COPY)
COPY 3: **TSDF COPY**—TSDF keeps this copy for his records. (PINK COPY)
COPY 4: **2ND TRANSPORTER COPY**—The second transporter keeps for his records. (GOLD COPY)
COPY 5: **1ST TRANSPORTER COPY**—The first transporter keeps for his records. (GREEN COPY)
COPY 6: **GENERATOR INITIAL COPY**—The generator keeps once first transporter signs off and takes waste. (BLUE COPY)

IF THE TSDF IS LOCATED OUT-OF-STATE THE IN-STATE GENERATOR MUST SEND A PHOTOCOPY TO THE ARKANSAS DEPARTMENT OF POLLUTION CONTROL ONCE THE MANIFEST HAS BEEN SIGNED OFF BY THE TSDF.

MANIFEST FORM ACQUISITION

1. If the destination (consignment) state supplies a manifest and requires its use, then the generator is obligated to obtain the manifest from that state.
2. If the destination state does not supply the manifest, but the generator state does, then the generator is obligated to obtain the manifest form from the generator state.
3. If forms are unavailable from either state the generator may obtain a manifest from any source.

ARKANSAS WILL NOT ACCEPT THE GENERIC UNIFORM MANIFEST

GENERATOR SECTION

- Item 1: **GENERATOR'S US EPA ID NO.—MANIFEST DOCUMENT NO.**—Enter the generator's 12 digit EPA identification number. The manifest document number is a unique 5-digit no. the generator assigns to each manifest.
- Item 2: **PAGE 1 Of** Enter the total number of pages used to complete this manifest: i.e., the first page plus the number of continuation sheets, if any.
- Item 3: **GENERATOR'S NAME & MAILING ADDRESS**—Enter the name and mailing address of the generator, and provide the site address.
- Item 4: **GENERATOR'S PHONE NUMBER**—Enter a telephone no. with area code where an authorized agent of the generator can be reached in case of an emergency.
- Item 5: **TRANSPORTER 1 COMPANY NAME**—Enter the company name (as notified to EPA) of the first transporter who will transport the waste.
- Item 6: **US EPA ID NUMBER**—Enter the US EPA 12-digit ID number of the first transporter identified in Item 5.
- Item 7: **TRANSPORTER 2 COMPANY NAME**—If applicable, enter the company name (as notified to EPA) of the second transporter who will transport the waste. If more than (2) transporters will be used, use a continuation sheet and list the transporters in the order they will be transporting the waste.
- Item 8: **US EPA ID NUMBER**—If applicable, enter the US EPA 12-digit ID number of the second transporter identified in Item 7.
- Item 9: **DESIGNATED FACILITY NAME & SITE ADDRESS**—Enter the company name and site address of the treatment, storage, disposal facility (TSDF) designated to receive the waste listed on this manifest.
- Item 10: **US EPA ID NUMBER**—Enter the 12-digit US EPA identification number of the designated TSDF listed in Item 9.
- Item 11: **US DOT DESCRIPTION**—All of the following must be entered: the correct US DOT (Dept. of Transportation) name for the waste identified, the assigned DOT Hazard Class and the UN/NA ID Number (e.g. waste sulfuric acid, spent corrosive material, UN1832 RQ). The word "waste" must appear as part of the DOT name. If more than 4 wastes are being shipped, a second manifest or continuation sheets must be used. (See 49 CFR 172.201).
- Item 12: **CONTAINERS (NO. & TYPE)**—Enter the number of containers for each waste and the appropriate abbreviations from Table 1 (below) for the type of containers used:

TABLE 1
CONTAINER TYPES

DM - Metal drums, barrels, kegs
DW - Wooden drums, barrels, kegs
DF - Fiberboard or plastic drums, barrels, kegs
TP - Tanks portable
TT - Cargo tanks (tank trucks)
TC - Tank cars
DT - Dump truck
CY - Cylinders
CM - Metal boxes, cartons, cases (including roll-offs)
CW - Wooden boxes, cartons, cases
CF - Fiber or plastic boxes, cartons, cases
BA - Burlap, cloth, paper or plastic bags

- Item 13: **TOTAL QUANTITY**—Enter the total quantity of waste described on each line.

DO NOT USE FRACTIONS

- Item 14: **UNIT (Wt./Vol.)**—Enter the appropriate abbreviation from Table 2 (below) for the unit of measure used in determining the total quantity of waste described on each line.

TABLE 2
UNITS OF MEASURE

G - Gallons (liquid only)
P - Pounds
T - Tons (2,000 lbs.)
Y - Cubic yards
L - Liters (liquids only)
K - Kilograms
M - Metric Tons (1,000 kg)
N - Cubic meters

- Item 15: **SPECIAL HANDLING INSTRUCTIONS & ADDITIONAL INFORMATION**—Use this space to indicate special transportation, treatment, storage, disposal, or Bill of Lading information. If any alternate facility is designated, note it here. For **INTERNATIONAL SHIPMENTS**, generators must enter the point of departure (city & state) in this space.
- Item 16: **GENERATOR'S CERTIFICATION**—The Generator must read, sign (by hand), and date the certification. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, air) inserted in the space. If another mode in addition to the highway mode is used, enter the appropriate additional mode in the space.
- Item A: **STATE MANIFEST DOCUMENT NUMBER**—Number preprinted by the state of Arkansas except on the continuation sheets. Enter this number on each continuation sheet attached to the manifest.
- Item B: **STATE GENERATOR ID**—Are numbers issued by state of Arkansas (i.e., PCB, Provisional, or Conditionally Exempt Generator Numbers).
- Item C: **STATE TRAN #1 ID**—Must have Arkansas Permit Number if transporting waste in, through, or out of Arkansas.
- Item D: **TRANSPORTER PHONE**—Enter a telephone number with area code where an authorized agent of the transporter can be reached.
- Item E: **STATE TRAN #2 ID**—If applicable, enter Arkansas Permit Number if carrying waste in, through, or out of the Arkansas.
- Item F: **TRANSPORTER PHONE**—If applicable, enter a telephone number with area code where an authorized agent of the second transporter may be reached.
- Item G: **STATE FACILITY'S ID**—No entry is required by Arkansas.
- Item H: **FACILITY PHONE**—Enter a telephone number with area code of the TSDF designated to receive the waste listed on the manifest.
- Item I: **WASTE NO.**—Enter the 4-digit EPA Hazardous Waste No. as listed in 40 Code of Federal Regulations Part 261.
- Item J: **ADDITIONAL DESCRIPTIONS FOR MATERIALS LISTED BELOW**—List additional description of material and alternate TSDF including TSDF address and EPA ID Number.
- Item K: **EMERGENCY RESPONSE INFORMATION**—Arkansas requires the generator to list an authorized representative name and 24 hour phone number in case of an emergency.

TRANSPORTER SECTION

- Item 17: **TRANSPORTER 1 ACKNOWLEDGEMENT**—Print or type the name of the person accepting the waste on behalf of the first transporter. That person must acknowledge acceptance of the waste described on the manifest by signing and entering the date of receipt.
- Item 18: **TRANSPORTER 2 ACKNOWLEDGEMENT**—If applicable, follow instructions for item 17 for the second transporter.

Note: **ALL HAZARDOUS WASTE TRANSPORTERS OPERATING IN ARKANSAS MUST HAVE A VALID ARKANSAS TRANSPORTER PERMIT.**

DESIGNATED FACILITY (TSDF) SECTION

- Item 19: **DISCREPANCY INDICATION SPACE**—The authorized representative of the designated facility must note in this space any significant discrepancy between the waste described on the manifest and the waste actually received at the facility. Any rejected materials should be listed here, along with an explanation of the disposition of the rejected wastes.
- Item 20: **FACILITY OWNER/OPERATOR CERTIFICATION**—Print or type the name of the person accepting the waste on behalf of the owner/operator of the designated TSDF. That person must acknowledge acceptance of the waste described on the manifest by signing and entering the date.

Note: For interstate shipments you may be required to comply with the manifesting requirements of both the receiving and generator states regarding the completion of specific information included in lettered items A-K. Please check with both generator and disposer states for specific requirements.

BURDEN DISCLOSURE STATEMENT

Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, S.W., Washington, D.C., 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C., 20503.

Generator Name: Douglas Aircraft CompanyManifest No.: 35378/AR-635378

Waste Code *	Subcategory	Wastewater	Technology Based Standard 40CFR 268.42 TABLE 2 Wastewater	Non-wastewater	Technology Based Standard 40CFR 268.42 TABLE 2 Non-wastewater	CCW 40CFR268.43	CCWE 40CFR 268.41	Hazardous Debris	Appen. IV Lab Pack	Appen. V Lab Pack	No Further Treatment	Variance or Extension
D009	Mercury	<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D008	Lead	<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D006	Cadmium	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U080	Methylmerchloride	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P030	Organic Solids	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* For Waste Codes F001-F005, F039, D002 & D001 DEACT, the underlying constituents must be identified, see attached.

☒ IF Column A is checked: I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only the wastes specified in Appendix IV to part 268 or solid wastes not subject to regulation under 40 CFR Part 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

☐ IF Column B is checked: I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste and that the lab pack contains only organic wastes specified in Appendix V to Part 268 or solid wastes not subject to regulation under 40 CFR Part 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

☐ IF Column C is checked: If indicated by "X", the specified waste codes are able to be land disposed without further treatment. In accordance with 268.7(a)(2) and regarding those restricted waste(s) contained in this shipment, these waste(s) may be land disposed without further treatment.

I submit the following certification statement:

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false submitting a false certification, including the possibility of a fine and imprisonment.

☐ This hazardous debris is subject to the alternative treatment standards of 40 CFR268.45.

☐ This manifest includes controlled benzene waste which is subject to the notification requirements of 40 CFR 61 subpart FF. WMDS # _____

Waste analysis is attached where available, otherwise, the information contained herein is based upon my thorough knowledge of the waste(s).

I hereby certify that all information submitted in this document is complete and accurate to the best of my knowledge and information.

Signature Robert G. Tuell, Jr. Title Sr. Plant Engineer Date 12-05-94



LAND DISPOSAL RESTRICTION NOTIFICATION FORM

Continuation Page

Manifest No.: _____

Waste Code	Subcategory	Wastewater	Technology Based Standard 40CFR 268.42 TABLE 2 Wastewater	Non-wastewater	Technology Based Standard 40CFR 268.42 TABLE 2 Non-wastewater	CCW 40CFR268.43	CCWE 40CFR 268.41	Appen. IV Lab Pack	Appen. V Lab Pack	No Further Treatment	Variance or Extension
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Variances, Extensions and Other Notes:



INTERNATIONAL
TECHNOLOGY
CORPORATION

DRUM INVENTORY SHEET

Page 1 of 1

Chemist

FW

Drum # DAC-03

Date

11/14/94

Drum Type 5gal poly DOT

Drum Wt.

Drum Full ☐

Cal. Waste Code

331 141
R05 12-05-94

Customer

DAC

Job Number

210917

DOT Shipping Name

Waste Cyanides, Solutions, R05 12-05-94

Hazard Class

6.1

UN/NA ID#

UN1935

Packing Group

II

Disposal Facility

ENSCO, Inc
R05 12-05-94

Profile #

No.	Material	Qty	EPA CODE	EH	Additional Info
1	Niche Stripper Contains: Cyanide salts	1x34gal	P030		
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
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29					
30					



INTERNATIONAL
TECHNOLOGY
CORPORATION

DRUM INVENTORY SHEET

Page of 1

Chemist

FLJ

Drum # DAC-07

Date

11/11/93

Drum Type 5 gal DM

Drum Wt.

Drum Full ☐

Cal. Waste Code

181

Customer

DAC

Job Number

210917

DOT Shipping Name

Waste Mercury

Hazard Class

8

UN/NA ID#

UN2805

Packing Group

III

Disposal Facility

Both

Profile #

282805

No.	Material	Qty	EPA CODE	EH	Additional Info
1	Metallic Mercury	1 X 162	U151 D009, 451 R03 12-05-94	✓	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
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27					
28					
29					



INTERNATIONAL
TECHNOLOGY
CORPORATION

DRUM INVENTORY SHEET

Page 1 of 1

Chemist

FW

Date

11/14/94

Packing Group

III

Drum #

DAC-05

Drum Type

210-20

Drum Wt.

12165

Drum Full

☐

Cal. Waste Code

181

Customer

DAC

Job Number

210917

DOT Shipping Name

Hazardous waste Solid not

Hazard Class

9

UN/NA ID#

NA3077

Disposal Facility

Ensco

Profile #

No.	Material	Qty	EPA CODE	EH	Additional Info
1	Rusty debris contaminated with lead + Cadmium	1X14/65	D006, D006		
2					
3	Soil + Absorbant Contaminated w/ Paint Stripper	1X15/65	U080		
4	Contains Methylene Chloride				
5					
6					
7					
8					
9					
10					
11					
12					
13					
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25					
26					
27					
28					
29					
30					

**ensco**

LAND DISPOSAL RESTRICTION NOTIFICATION FORM Page 1 of 1

Generator Name: Douglas Aircraft CompanyManifest No.: 35378/AR-635378

Waste Code	Subcategory	Wastewater	Technology Based Standard 40CFR 268.42 TABLE 2 Wastewater	Non-wastewater	Technology Based Standard 40CFR 268.42 TABLE 2 Non-wastewater	CCW 40CFR268.43	CCWE 40CFR 268.41	Hazardous Debris	Appen. IV Lab Pack	Appen. V Lab Pack	No Further Treatment	Variance or Extension
D009	Mercury	<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D008	Lead	<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D006	Cadmium	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U000	Methylmerchloride	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P030	Organic Solts	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* For Waste Codes F001-F005, F039, D002 & D001 DEACT, the underlying constituents must be identified, see attached.

☒ IF Column A is checked: I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only the wastes specified in Appendix IV to part 268 or solid wastes not subject to regulation under 40 CFR Part 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

☐ IF Column B is checked: I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste and that the lab pack contains only organic wastes specified in Appendix V to Part 268 or solid wastes not subject to regulation under 40 CFR Part 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

☐ IF Column C is checked: If indicated by "X", the specified waste codes are able to be land disposed without further treatment. In accordance with 268.7(a)(2) and regarding those restricted waste(s) contained in this shipment, these waste(s) may be land disposed without further treatment.

I submit the following certification statement:

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

☐ This hazardous debris is subject to the alternative treatment standards of 40 CFR268.45.

☐ This manifest includes controlled benzene waste which is subject to the notification requirements of 40 CFR 61 subpart FF. WMDS # _____

Waste analysis is attached where available, otherwise, the information contained herein is based upon my thorough knowledge of the waste(s).

I hereby certify that all information submitted in this document is complete and accurate to the best of my knowledge and information

Signature Robert B. Trull Jr. Title Sr. Plant Engineer Date 12-05-94

DOUGLAS AIRCRAFT COMPANY
TORRANCE FACILITY

DATE: 01-06-94

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TO: Kasey Kolassa
EnSCO, Inc. FROM: Douglas Aircraft Co,
Rob Tuell

DEPT #: _____ DEPT #: _____

MAIL CODE: _____ MAIL CODE: _____

TELECOPY #: 408 - 727 - 8524 TELECOPY #: _____

VOICE #: _____ VOICE # (310) 533-7926 or
(310) 496-6287

COMMENTS: Land Disposal Restriction Notification Form
for Manifest Number
AR-635378.